



ANNUAL STATEMENT
For the Year Ending December 31, 2005
OF THE CONDITION AND AFFAIRS OF THE
HealthPlus Partners, Inc.

NAIC Group Code	3409 (Current Period)	3409 (Prior Period)	NAIC Company Code	11549	Employer's ID Number	01-0729151
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	07/08/2002		Commenced Business	01/01/2003		
Statutory Home Office	2050 South Linden Road (Street and Number)		Flint, MI 48532 (City, or Town, State and Zip Code)			
Main Administrative Office			2050 South Linden Road (Street and Number)		Flint, MI 48532 (City or Town, State and Zip Code)	
					(800)332-9161 (Area Code) (Telephone Number)	
Mail Address	2050 South Linden Road, P.O. Box 1700 (Street and Number or P.O. Box)		Flint, MI 48501-1700 (City, or Town, State and Zip Code)			
Primary Location of Books and Records			2050 South Linden Road (Street and Number)		Flint, MI 48532 (City, or Town, State and Zip Code)	
					(800)332-9161 (Area Code) (Telephone Number)	
Internet Website Address	www.healthplus.com					
Statutory Statement Contact	Matthew Andrew Mendrygal, C.P.A. (Name)		(810)230-2179 (Area Code)(Telephone Number)(Extension)			
	mmendrygal@healthplus.com (E-Mail Address)		(810)230-2208 (Fax Number)			
Policyowner Relations Contact			2050 South Linden Road, P.O. Box 1700 (Street and Number)		Flint, MI 48501-1700 (City, or Town, State and Zip Code)	
					(800)332-9161 (Area Code) (Telephone Number)(Extension)	

OFFICERS

Name	Title
David Paul Crosby	President
Dan Ellis Champney Esq.	Secretary
Matthew Andrew Mendrygal C.P.A.	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Penelope Drake Pestronk	Christopher John Flores
Harold Leslie Mallon DDS	Denise O. Chambers
Teresa Lyn King	Elnora Dasty Coe

State of Michigan
County of Genesee ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
David Paul Crosby	Matthew Andrew Mendrygal	Dan Ellis Champney
(Printed Name)	(Printed Name)	(Printed Name)
President	Treasurer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2006	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
0299998 Premium due and unpaid not individually listed						
0299999 Total group						
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	238,624					238,624
0599999 Accident and health premiums due and unpaid (Page 2, Line 13) .	238,624					238,624

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables						
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangements Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangements Receivables						
Risk Sharing Receivables						
Health Delivery, Inc.	276,279					276,279
Bay Health Network	89,911					89,911
0599998 Risk Sharing Receivables - Not Individually Listed	122,996					122,996
0599999 Subtotal - Risk Sharing Receivables	489,186					489,186
Other Receivables						
Michigan Department of Community Health	144,762					144,762
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	144,762					144,762
0799999 Gross health care receivables	633,948					633,948

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	747,028	66,024	12,717	1,368	2,737	829,874
0499999 Subtotals	747,028	66,024	12,717	1,368	2,737	829,874
0599999 Unreported claims and other claim reserves						2,703,472
0699999 Total Amounts Withheld						638,028
0799999 Total Claims Unpaid						4,171,374
0899999 Accrued Medical Incentive Pool and Bonus Amounts						826,662

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
	NONE						
0399999 Total gross amounts receivable

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
HGH, Inc.	Premiums, case rate payments, and quality incentive bonus	1,390,498	1,390,498	
HealthPlus of Michigan, Inc.	Incentive payment made on HPP's behalf	19,601	19,601	
0199999 Total - Individually listed payables	X X X	1,410,099	1,410,099	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	1,410,099	1,410,099	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	76,042,272	61.605	61,692	100.000	55,220,535	20,821,737
2.	Intermediaries						
3.	All other providers						
4.	Total capitation payments	76,042,272	61.605	61,692	100.000	55,220,535	20,821,737
Other Payments:							
5.	Fee-for-service			X X X	X X X		
6.	Contractual fee payments	47,393,397	38.395	X X X	X X X	34,416,235	12,977,162
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	Total other payments	47,393,397	38.395	X X X	X X X	34,416,235	12,977,162
13.	Total (Line 4 plus Line 12)	123,435,669	100.000	X X X	X X X	89,636,770	33,798,899

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment
2.	Medical furniture, equipment and fixtures	N O N E	
3.	Pharmaceuticals and surgical supplies
4.	Durable medical equipment
5.	Other property and equipment
6.	Total



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. DIVISION:
BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR

NAIC Group Code 3409

NAIC Company Code 11549

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	60,491								60,491				
2. First Quarter	61,197								61,197				
3. Second Quarter	61,379								61,379				
4. Third Quarter	61,683								61,683				
5. Current Year	61,692								61,692				
6. Current Year Member Months	737,361								737,361				
Total Member Ambulatory Encounters for Year:													
7. Physician	131,073								131,073				
8. Non-Physician	184,404								184,404				
9. Total	315,477								315,477				
10. Hospital Patient Days Incurred	25,989								25,989				
11. Number of Inpatient Admissions	6,324								6,324				
12. Health Premiums Written	135,537,379								135,537,379				
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	135,537,379								135,537,379				
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	123,435,669								123,435,669				
18. Amount Incurred for Provision of Health Care Services	123,584,404								123,584,404				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3409

REPORT FOR: 1. CORPORATION: 2. DIVISION:
BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 11549

30 Grand Total

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3				Federal Employees Health Benefit Plan						
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	60,491								60,491				
2. First Quarter	61,197								61,197				
3. Second Quarter	61,379								61,379				
4. Third Quarter	61,683								61,683				
5. Current Year	61,692								61,692				
6. Current Year Member Months	737,361								737,361				
Total Member Ambulatory Encounters for Year:													
7. Physician	131,073								131,073				
8. Non-Physician	184,404								184,404				
9. Total	315,477								315,477				
10. Hospital Patient Days Incurred	25,989								25,989				
11. Number of Inpatient Admissions	6,324								6,324				
12. Health Premiums Written	135,537,379								135,537,379				
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	135,537,379								135,537,379				
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	123,435,669								123,435,669				
18. Amount Incurred for Provision of Health Care Services	123,584,404								123,584,404				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

SCHEDULE A - VERIFICATION BETWEEN YEARS
Real Estate

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 11	
2.2	Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 14	
4.2	Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	
6.	Increase (decrease) by foreign exchange adjustment	
6.1	Totals, Part 1, Column 12	
6.2	Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	
8.	Book/adjusted carrying value at the end of current period	
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	

SCHEDULE B - VERIFICATION BETWEEN YEARS
Mortgage Loans

1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	

SCHEDULE BA - VERIFICATION BETWEEN YEARS
Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	(1,193,209)
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	1,036,270
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	(156,939)
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	(156,939)
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	(156,939)

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. Governments, Schedules D & DA (Group 1)											
1.1	Class 1	1,000,000					1,000,000	10.17	1,005,549	10.85	1,000,000	
1.2	Class 2											
1.3	Class 3											
1.4	Class 4											
1.5	Class 5											
1.6	Class 6											
1.7	TOTALS	1,000,000					1,000,000	10.17	1,005,549	10.85	1,000,000	
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Class 1											
2.2	Class 2											
2.3	Class 3											
2.4	Class 4											
2.5	Class 5											
2.6	Class 6											
2.7	TOTALS											
3.	States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1	Class 1											
3.2	Class 2											
3.3	Class 3											
3.4	Class 4											
3.5	Class 5											
3.6	Class 6											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Class 1											
4.2	Class 2											
4.3	Class 3											
4.4	Class 4											
4.5	Class 5											
4.6	Class 6											
4.7	TOTALS											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1	Class 1											
5.2	Class 2											
5.3	Class 3											
5.4	Class 4											
5.5	Class 5											
5.6	Class 6											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6.	Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1	Class 1											
6.2	Class 2											
6.3	Class 3											
6.4	Class 4											
6.5	Class 5											
6.6	Class 6											
6.7	TOTALS											
7.	Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1	Class 1	8,834,179					8,834,179	89.83	8,264,011	89.15	8,834,179	
7.2	Class 2											
7.3	Class 3											
7.4	Class 4											
7.5	Class 5											
7.6	Class 6											
7.7	TOTALS	8,834,179					8,834,179	89.83	8,264,011	89.15	8,834,179	
8.	Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1	Class 1											
8.2	Class 2											
8.3	Class 3											
8.4	Class 4											
8.5	Class 5											
8.6	Class 6											
8.7	TOTALS											
9.	Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1	Class 1											
9.2	Class 2											
9.3	Class 3											
9.4	Class 4											
9.5	Class 5											
9.6	Class 6											
9.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1	Class 1	9,834,179					9,834,179	100.00	X X X	X X X	9,834,179	
10.2	Class 2								X X X	X X X		
10.3	Class 3								X X X	X X X		
10.4	Class 4								X X X	X X X		
10.5	Class 5						(c)		X X X	X X X		
10.6	Class 6						(c)		X X X	X X X		
10.7	TOTALS	9,834,179					(b) 9,834,179	100.00	X X X	X X X	9,834,179	
10.8	Line 10.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year												
11.1	Class 1	9,269,560					X X X	X X X	9,269,560	100.00	9,269,560	
11.2	Class 2						X X X	X X X				
11.3	Class 3						X X X	X X X				
11.4	Class 4						X X X	X X X				
11.5	Class 5						X X X	X X X	(c)			
11.6	Class 6						X X X	X X X	(c)			
11.7	TOTALS	9,269,560					X X X	X X X	(b) 9,269,560	100.00	9,269,560	
11.8	Line 11.7 as a % of Col. 8	100.00					X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds												
12.1	Class 1	9,834,179					9,834,179	100.00	9,269,560	100.00	9,834,179	X X X
12.2	Class 2											X X X
12.3	Class 3											X X X
12.4	Class 4											X X X
12.5	Class 5											X X X
12.6	Class 6											X X X
12.7	TOTALS	9,834,179					9,834,179	100.00	9,269,560	100.00	9,834,179	X X X
12.8	Line 12.7 as a % of Col. 6	100.00					100.00	X X X	X X X	X X X	100.00	X X X
12.9	Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.00					100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds												
13.1	Class 1										X X X	
13.2	Class 2										X X X	
13.3	Class 3										X X X	
13.4	Class 4										X X X	
13.5	Class 5										X X X	
13.6	Class 6										X X X	
13.7	TOTALS										X X X	
13.8	Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9	Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
(b) Includes \$..... current year, \$..... prior year of bonds with Z designations and \$..... current year, \$..... prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
(c) Includes \$..... current year, \$..... prior year of bonds with 5* designations and \$..... current year, \$..... prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations	1,000,000					1,000,000	10.17	1,005,549	10.85	1,000,000	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities											
1.7 TOTALS	1,000,000					1,000,000	10.17	1,005,549	10.85	1,000,000	
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined											
2.6 Other											
2.7 TOTALS											
3. States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined											
3.6 Other											
3.7 TOTALS											
4. Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined											
4.6 Other											
4.7 TOTALS											
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, SCH. D & DA (Group 5)											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 TOTALS											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	8,834,179					8,834,179	89.83	8,264,011	89.15	8,834,179	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 TOTALS	8,834,179					8,834,179	89.83	8,264,011	89.15	8,834,179	
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
10. Total Bonds Current Year											
10.1 Issuer Obligations	9,834,179					9,834,179	100.00	X X X	X X X	9,834,179	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities								X X X	X X X		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 TOTALS	9,834,179					9,834,179	100.00	X X X	X X X	9,834,179	
10.8 Line 10.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	9,269,560					X X X	X X X	9,269,560	100.00	9,269,560	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities						X X X	X X X				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						X X X	X X X				
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 TOTALS	9,269,560					X X X	X X X	9,269,560	100.00	9,269,560	
11.8 Line 11.7 as a % of Column 8	100.00					X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	9,834,179					9,834,179	100.00	9,269,560	100.00	9,834,179	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											X X X
12.6 Other											X X X
12.7 TOTALS	9,834,179					9,834,179	100.00	9,269,560	100.00	9,834,179	X X X
12.8 Line 12.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	100.00					100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Column 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							X X X	X X X	X X X	X X X	

SCHEDULE DA - PART 2
Verification of SHORT-TERM INVESTMENTS Between Years

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year	9,269,560	9,269,560			
2.	Cost of short-term investments acquired	154,435,479	154,435,479			
3.	Increase (decrease) by adjustment					
4.	Increase (decrease) by foreign exchange adjustment					
5.	Total profit (loss) on disposal of short-term investments					
6.	Consideration received on disposal of short-term investments	153,870,860	153,870,860			
7.	Book/adjusted carrying value, current year	9,834,179	9,834,179			
8.	Total valuation allowance					
9.	Subtotal (Lines 7 plus 8)	9,834,179	9,834,179			
10.	Total nonadmitted amounts					
11.	Statement value (Lines 9 minus 10)	9,834,179	9,834,179			
12.	Income collected during year	405,232	405,232			
13.	Income earned during year	429,433	429,433			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

40 Schedule DB Part A Verification NONE

40 Schedule DB Part B Verification NONE

41 Schedule DB Part C Verification NONE

41 Schedule DB Part D Verification NONE

41 Schedule DB Part E Verification NONE

42 Schedule DB Part F Sn 1 - Sum Replicated Assets NONE

43 Schedule DB Part F Sn 2 - Recon Replicated Assets NONE

44 Schedule S - Part 1 - Section 2 NONE

45 Schedule S - Part 2 NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates												
66346 ...	58-0828824 ...	10/01/2005	MUNICH AMERICAN REASSUR CO	Atlanta, Georgia	SSL/L/I	64,067
90611 ...	41-1366075 ...	01/01/2006	ALLIANZ LIFE INS CO OF NORTH AMER	Minneapolis, Minnesota	SSL/A/I
0299999 Total - Non-Affiliates						64,067
0399999 Totals						64,067

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				N O N E									
1199999 Totals (General Account and Separate Accounts combined)

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2005	2 2004	3 2003	4 2002	5 2001
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	64	59	55		
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	13,719,886		13,719,886
2. Accident and health premiums due and unpaid (Line 13)	238,624		238,624
3. Amounts recoverable from reinsurers (Line 14.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	1,087,407		1,087,407
6. Total assets (Line 26)	15,045,917		15,045,917
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	4,171,374		4,171,374
8. Accrued medical incentive pool and bonus payments (Line 2)	826,662		826,662
9. Premiums received in advance (Line 8)			
10. Reinsurance in unauthorized companies (Line 18)			
11. All other liabilities (Balance)	1,557,161		1,557,161
12. Total liabilities (Line 22)	6,555,197		6,555,197
13. Total capital and surplus (Line 31)	8,490,720	X X X	8,490,720
14. Total liabilities, capital and surplus (Line 32)	15,045,917		15,045,917
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses			
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance			

SCHEDULE Y (Continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 95580 38-2160688 ..	Healthplus Of MI Inc 16,283,066 16,283,066
.. 11549 01-0729151 ..	HealthPlus Partners, Inc. (4,209,621) (4,209,621)
.....	.. 38-3246232 ..	HGH, Inc. (8,497,160) (8,497,160)
.....	.. 38-2883315 ..	HealthPlus Options, Inc. (3,576,285) (3,576,285)
9999999 Totals	X X X

Schedule Y Part 2 Explanation:

**SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES**

	Response
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Investment Risks Interrogatories be filed by April 1?	Yes
JUNE FILING	
7. Will an audited financial report be filed by June 1?	Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
8. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
9. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
10. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
APRIL FILING	
12. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No
13. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
14. Will the Supplemental Property/Casualty data due April 1 be filed with the state of domicile and the NAIC?	No

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



115492005360000002005Document Code: 360

Health Life Supplement



115492005205000002005Document Code: 205

Health Property / Casualty Supplement



115492005207000002005Document Code: 207

Schedule SIS



115492005420000002005Document Code: 420

LTC Experience Reporting Form C



115492005330000002005Document Code: 330

Health Life Supplement



115492005205000002005Document Code: 205

Health Property / Casualty Supplement



115492005207000002005Document Code: 207

OVERFLOW PAGE FOR WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504.	Physician Relations	11,762		16,309		28,071
2505.	Miscellaneous			538		538
2597.	Summary of overflow write-ins for Line 25	11,762		16,847		28,609



NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS
SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

**REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES FOR THE PROPERTY / CASUALTY, LIFE ACCIDENT AND HEALTH, TITLE
AND HEALTH INSURANCE BLANKS**

TO ANNUAL STATEMENT OF THE

HealthPlus Partners, Inc.
COMPANY

**FOR THE YEAR ENDED
DECEMBER 31, 2005
(To Be Filed by March 1)**

GENERAL INSTRUCTIONS

The Stockholder Information Supplement shall be completed by all stock companies incorporated in the U.S.A., which have 100 or more stockholders. Such supplement shall be filed with the Insurance Commissioner of the company's domiciliary state as a part of its Annual Statement. The information required to be contained in this supplement is to be furnished to the best of the knowledge of the company. Where appropriate, the company should obtain the required information, in writing, from its Directors or Officers and from any person known to the company to be the official owner of more than 10% of any class of its equity securities.

The term "officer" means a President, Vice-President, Treasurer, Actuary, Secretary, Controller and any other person who performs for the company functions corresponding to those performed by the foregoing officers.

FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the prior year? Yes[] No[X]
If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.:
2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year? Yes[] No[X]
If answer is "Yes" a copy of the report shall forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.:
3. If an Annual Report to stockholders was distributed for the prior year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting? Yes[] No[X]
If answer is "No" explain in detail below. Attach separate sheet if necessary.:
(2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

	Column A	Column B
To be answered by Life and A & H Companies:		
a. Statement of Assets, Liabilities, Surplus and Other Funds Yes[] No[X]	. Yes[] No[X]
b. Summary of Operations Yes[] No[X]	. Yes[] No[X]
c. Surplus Account Yes[] No[X]	. Yes[] No[X]
To be answered by Property and Casualty Companies:		
a. Statement of Assets, Liabilities, Surplus and Other Funds Yes[] No[X]	. Yes[] No[X]
b. Statement of Income - Underwriting and Investment Exhibit Yes[] No[X]	. Yes[] No[X]
c. Capital and Surplus Account Yes[] No[X]	. Yes[] No[X]
To be answered by Title Insurance Companies		
a. Statement of Assets, Liabilities, Surplus and Other Funds Yes[] No[X]	. Yes[] No[X]
b. Statement of Income - Operations and Investment Exhibit Yes[] No[X]	. Yes[] No[X]
c. Capital and Surplus Account Yes[] No[X]	. Yes[] No[X]
To be answered by Health Insurance Companies:		
a. Statement of Assets, Liabilities, Capital and Surplus Yes[] No[X]	. Yes[] No[X]
b. Statement of Revenues and Expenses Yes[] No[X]	. Yes[] No[X]
c. Capital and Surplus Account Yes[] No[X]	. Yes[] No[X]

INFORMATION REGARDING MANAGEMENT AND DIRECTORS

(See Instructions Below)

1	2	3	4	Benefits Accrued or Set Aside During Year		Est. Annual Benefits Upon Retirement	
Name and Title	Principal Occupation or Employment	Served as Director From	Aggregate Direct Remuneration	5	6	7	8
				Retirement Plan	Other Emp. Benefits	Retirement Plan	Other Emp. Benefits
1. Furnish the above information for each director, & each of the three highest paid officers, whose aggregate direct remuneration exceeded \$100,000 during the year, naming each such person.							

Furnish on a separate sheet the following information as to each of the individuals named above (or state below that such information is not present):

- A. Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transactions as to which the Company, or any of its subsidiaries, was or is to be a party.
- B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year.

2. Answer "yes" or "no" in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy statement relating to (i) the election of directors, (ii) any bonus, profit sharing or remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants, or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis.
If any answer is "no" explain in detail on a separate sheet.

No

No

No

No

No

No

No

No

3. Furnish the information specified in Item 1 for all directors and all officers of the Company, as a group, without naming them.

XX

No

No

No

No

No

4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting?

Answer

No

If answer is "no" explain on separate sheet.

5. Will the Company solicit proxies from its stockholders during the following year and will such solicitation(s) precede any shareholders' meeting or meetings by at least 10 days?

Answer

No

If answer is "yes" and proxies are to be solicited, copies of the proxy statement and form of proxy and other soliciting material to be furnished stockholders shall be submitted to the Insurance Commissioner of the Company's domiciliary state at least 10 days prior to the date such material is first sent or given to stockholders.

If answer is "no" and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.

INSTRUCTIONS FOR INFORMATION REGARDING MANAGEMENT AND DIRECTORS

1. This information applies to any person who was a director or officer of the company at any time during the year. However, information need not be given for any portion of the year during which such person was not a director or officer of the Company.
2. Include under "Other Employee Benefits" information for such items as savings plans, deferred compensation plans, thrift plans, profit sharing plans,
etc. or other contracts, authorizations or arrangements, whether or not set forth in any formal document. Briefly describe such "plans" and the basis upon which directors or officers participate therein, if not previously described in a prior "Stockholder Information Supplement" indicating date thereof. Company cost of benefits accrued or set aside need not be stated with respect to payments computed on an actuarial basis under any plan which provides for fixed benefits on retirement at a specified age or after a specified number of years of service.
3. Information need not be included as to payments made for, or benefits received from, group life or accident insurance, group hospitalization or similar group payments or benefits.
4. If it is impractical to state the amount of the estimated annual benefits proposed to be made upon retirement, the aggregate amount set aside or accrued to date in respect of such payment should be stated, together with an explanation of the basis for future payments.
5. Attach separate sheets if necessary to fully answer questions.

STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES
(See Instructions Below)

1	2	3	Number of Shares				
			4	5	Disposed of During Current Year		
					6	7	8
Name and Title of (a) Each Director and Each Officer with any ownership and (b) any other Owner of more than 10%	Title of Security	Nature of Ownership	Owned at end of Prior Year	Acquired During Current Year	Held Less Than 6 Months	Held 6 Months or More	Owned at End of Current Year
.....

Note: Answer "yes" or "no" as to whether the information concerning the number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid officers whose aggregate direct remuneration exceeded \$100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise? No If answer is "no", explain in detail on a separate sheet.

State the number of stockholders of record of the company at the end of the year. Answer: _____

INSTRUCTIONS FOR STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Column 1

Indicate relationship of the person to the Company, for example: "Director," "Director and Vice-President," "Beneficial owner of more than 10% of the Company's common stock," etc.

Column 2

The statement of the title of a security should be such as to clearly identify the security, even though there may be only one class, for example: "Common stock," "4% convertible preferred stock," etc.

Column 3

Under the "Nature of Ownership" state whether ownership of securities is "direct" or "indirect." If the ownership is indirect, i.e., through a partnership, corporation, trust or other entity, indicate in a footnote or other appropriate manner the name of the medium through which the securities are indirectly owned. The fact that securities are held in the name of a broker or other nominee does not, of itself, constitute indirect ownership. Securities owned indirectly shall be reported on separate lines from those owned directly and from those owned through a different type of indirect ownership.

Columns 4 to 8

In the case of securities owned indirectly, the entire amount of securities owned by the partnership, corporation, trust or other entity shall be stated. There may also be indicated in a footnote or other appropriate manner the extent of the security holder's interest in such partnership, corporation, trust or other entity.

If a transaction in securities of the Company was with the Company or one of its subsidiaries, so state. If it involved the purchase of securities through the exercise of options, so state. If any other purchase or sale was effected otherwise than in the open market, that fact shall be indicated. If the transaction was not a purchase or sale, indicate its character, for example, gift, stock dividend, etc., as the case may be. The foregoing information may be indicated in a footnote or other appropriate manner.

Any additional information deemed relevant by the Company should be included as a footnote or in other appropriate manner.



LIFE SUPPLEMENTS

TO BE FILED ON OR BEFORE MARCH 1

For the Year

NONE

 2005

Of The HealthPlus Partners, Inc. Insurance Company

Address (City, State and Zip Code) Flint, MI 48532

NAIC Group Code 3409 NAIC Company Code 11549 Employer's ID Number 01-0729151

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
NONE					
9999999 Totals - (Net) -Page 3, Line 1

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts?
1.2 If not, state which kind is issued.

Yes[] No[X]

2.1 Does the reporting entity at present issue both participating and non-participating contracts?
2.2 If not, state which kind is issued.

Yes[] No[X]

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

Yes[] No[X]

4. Has the reporting entity any assessment or stipulated premium contracts in force?
If so, state:
4.1 Amount of insurance?
4.2 Amount of reserve?
4.3 Basis of reserve
4.4 Basis of regular assessments
4.5 Basis of special assessments
4.6 Assessments collected during the year

Yes[] No[X]
\$
\$
\$
\$

5. If the contract loan interest rate guaranteed in any one or more of its contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts

NONE

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?
6.1 If so, state the amount or reserve on such contracts on the basis actually held:
6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1, and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:
Attach statement of methods employed in their valuation.

Yes[] No[X]
\$
\$

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?
7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements?
7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount
7.3 State the amount of reserves established for this business:
7.4 Identify where the reserves are reported in the blank

Yes[] No[X]
\$
\$

EXHIBIT 7 - DEPOSIT TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance
2. Deposits received during the year
3. Investment earnings credited to the account
4. Other net change in reserves
5. Fees and other charges assessed
6. Surrender charges
7. Net surrender or withdrawal payments
8. Other net transfers to or (from) Separate Accounts
9. Balance at the end of current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8)	N O N E		
10. Reinsurance balance at the beginning of the year
11. Net change in reinsurance assumed
12. Net change in reinsurance ceded
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12)
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Amount of In force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0799999 Totals

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability
Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type of Reinsurance Ceded	7 Amount in Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
NONE													
0799999 Totals



DIRECT BUSINESS IN THE STATE OF MICHIGAN

NAIC Group Code: 3409

LIFE INSURANCE

DURING THE YEAR 2005

NAIC Company Code: 11549

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life Insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		X X X		X X X	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period					
6.4	Other					
6.5	Totals (sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301					
1302					
1303					
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

1	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
	Settled during current year:									
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	Totals paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements									
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year			(a)						
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year			(a)						

(a) Includes Individual Credit Life Insurance prior year \$....., current year \$.....
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$....., current year \$.....
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$....., current year \$.....

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products, and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF GRAND TOTAL

DURING THE YEAR 2005

NAIC Group Code: 3409

LIFE INSURANCE

NAIC Company Code: 11549

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1.	Life Insurance										
2.	Annuity considerations										
3.	Deposit-type contract funds		X X X		X X X						
4.	Other considerations										
5.	Totals (Sum of Lines 1 to 4)										
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums										
6.3	Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4	Other										
6.5	Totals (sum of Lines 6.1 to 6.4)										
Annuities:											
7.1	Paid in cash or left on deposit										
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid										
14.	All other benefits, except accident and health										
15.	Totals										
DETAILS OF WRITE-INS											
1301										
1302										
1303										
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
1		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	Totals paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year			(a)							
21.	Issued during year										
22.	Other changes to in force (Net)										
23.	In force December 31 of current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$....., current year \$.....
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$....., current year \$.....
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$....., current year \$.....

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group Policies (b)					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products, and number of persons insured under indemnity only products



PROPERTY / CASUALTY SUPPLEMENTS

TO BE FILED ON OR BEFORE MARCH 1

For the Year

NONE

 2005

Of The HealthPlus Partners, Inc. Insurance Company

Address (City, State and Zip Code) Flint, MI 48532

NAIC Group Code 3409 NAIC Company Code 11549 Employer's ID Number 01-0729151

SCHEDULE F - PART 1
Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	Reinsurance On		8	9	10	11	12	13	14	15
Federal ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	6	7	Columns 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
					Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE								
					NONE									
9999999 Totals														

SCHEDULE F - PART 3
Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers	Net Amount Recoverable From Rein- surers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
9999999 Totals

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1)
2)
3)
4)
5)

NONE

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1)	Yes[] No[X] ...
2)	Yes[] No[X] ...
3)	Yes[] No[X] ...
4)	Yes[] No[X] ...
5)	Yes[] No[X] ...

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES
SCHEDULE P - PART 1 - SUMMARY

(\$000 omitted)												
Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	... X X X X X X X X X X X X ...
2. 1996 X X X ...
3. 1997 X X X ...
4. 1998 X X X ...
5. 1999 X X X ...
6. 2000 X X X ...
7. 2001 X X X ...
8. 2002 X X X ...
9. 2003 X X X ...
10. 2004 X X X ...
11. 2005 X X X ...
12. Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													X X X
2. 1996													X X X
3. 1997													X X X
4. 1998													X X X
5. 1999													X X X
6. 2000													X X X
7. 2001													X X X
8. 2002													X X X
9. 2003													X X X
10. 2004													X X X
11. 2005													X X X
12. Totals													X X X

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 1996
3. 1997
4. 1998
5. 1999
6. 2000
7. 2001
8. 2002
9. 2003
10. 2004
11. 2005
12. Totals X X X X X X X X X X X X X X X X X X X X X

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P - PART 1A
HOMEOWNERS/FARMOWNERS

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1996
3.	1997
4.	1998
5.	1999
6.	2000
7.	2001
8.	2002
9.	2003
10.	2004
11.	2005
12.	Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior						NONE							
2. 1996													
3. 1997													
4. 1998													
5. 1999													
6. 2000													
7. 2001													
8. 2002													
9. 2003													
10. 2004													
11. 2005													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 1996					
3. 1997					
4. 1998					
5. 1999					
6. 2000					
7. 2001					
8. 2002					
9. 2003					
10. 2004					
11. 2005					
12. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1B
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4	5	6	7	8	9			
		Direct and Assumed	Ceded	Net (Columns 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received		
1.	Prior X X X X X X X X X X X X ...
2.	1996
3.	1997
4.	1998
5.	1999
6.	2000
7.	2001
8.	2002
9.	2003
10.	2004
11.	2005
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior						NONE							
2. 1996													
3. 1997													
4. 1998													
5. 1999													
6. 2000													
7. 2001													
8. 2002													
9. 2003													
10. 2004													
11. 2005													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 1996					
3. 1997					
4. 1998					
5. 1999					
6. 2000					
7. 2001					
8. 2002					
9. 2003					
10. 2004					
11. 2005					
12. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1C
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1996 ...												
3.	1997 ...												
4.	1998 ...												
5.	1999 ...												
6.	2000 ...												
7.	2001 ...												
8.	2002 ...												
9.	2003 ...												
10.	2004 ...												
11.	2005 ...												
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1996													
3. 1997													
4. 1998													
5. 1999													
6. 2000													
7. 2001													
8. 2002													
9. 2003													
10. 2004													
11. 2005													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 1996
3. 1997
4. 1998
5. 1999
6. 2000
7. 2001
8. 2002
9. 2003
10. 2004
11. 2005
12. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1D
WORKER'S COMPENSATION

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1996
3.	1997
4.	1998
5.	1999
6.	2000
7.	2001
8.	2002
9.	2003
10.	2004
11.	2005
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior						NONE							
2. 1996													
3. 1997													
4. 1998													
5. 1999													
6. 2000													
7. 2001													
8. 2002													
9. 2003													
10. 2004													
11. 2005													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 1996					
3. 1997					
4. 1998					
5. 1999					
6. 2000					
7. 2001					
8. 2002					
9. 2003					
10. 2004					
11. 2005					
12. Totals X X X X X X X X X X X X X X X X X X	X X X		

SCHEDULE P - PART 1E
COMMERCIAL MULTIPLE PERIL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1996
3.	1997
4.	1998
5.	1999
6.	2000
7.	2001
8.	2002
9.	2003
10.	2004
11.	2005
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior						NONE							
2. 1996													
3. 1997													
4. 1998													
5. 1999													
6. 2000													
7. 2001													
8. 2002													
9. 2003													
10. 2004													
11. 2005													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 1996					
3. 1997					
4. 1998					
5. 1999					
6. 2000					
7. 2001					
8. 2002					
9. 2003					
10. 2004					
11. 2005					
12. Totals X X X X X X X X X X X X X X X X X X	X X X		

SCHEDULE P - PART 1F - SECTION 1
MEDICAL MALPRACTICE - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1996
3.	1997
4.	1998
5.	1999
6.	2000
7.	2001
8.	2002
9.	2003
10.	2004
11.	2005
12.	Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior						NONE							
2. 1996													
3. 1997													
4. 1998													
5. 1999													
6. 2000													
7. 2001													
8. 2002													
9. 2003													
10. 2004													
11. 2005													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 1996					
3. 1997					
4. 1998					
5. 1999					
6. 2000					
7. 2001					
8. 2002					
9. 2003					
10. 2004					
11. 2005					
12. Totals X X X X X X X X X X X X X X X X X X	X X X		

SCHEDULE P - PART 1F - SECTION 2
MEDICAL MALPRACTICE - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1996
3.	1997
4.	1998
5.	1999
6.	2000
7.	2001
8.	2002
9.	2003
10.	2004
11.	2005
12.	Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior						NONE							
2. 1996													
3. 1997													
4. 1998													
5. 1999													
6. 2000													
7. 2001													
8. 2002													
9. 2003													
10. 2004													
11. 2005													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 1996
3. 1997
4. 1998
5. 1999
6. 2000
7. 2001
8. 2002
9. 2003
10. 2004
11. 2005
12. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1G
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	1996 X X X ..
3.	1997 X X X ..
4.	1998 X X X ..
5.	1999 X X X ..
6.	2000 X X X ..
7.	2001 X X X ..
8.	2002 X X X ..
9.	2003 X X X ..
10.	2004 X X X ..
11.	2005 X X X ..
12.	Totals X X X X X X X X X X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25		
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid						
	13	14	15	16	17	18	19	20	21	22					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed		
1. Prior						N O N E									
2. 1996															
3. 1997															
4. 1998															
5. 1999															
6. 2000															
7. 2001															
8. 2002															
9. 2003															
10. 2004															
11. 2005															
12. Totals															

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 1996
3. 1997
4. 1998
5. 1999
6. 2000
7. 2001
8. 2002
9. 2003
10. 2004
11. 2005
12. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1H - SECTION 1
OTHER LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1996
3.	1997
4.	1998
5.	1999
6.	2000
7.	2001
8.	2002
9.	2003
10.	2004
11.	2005
12.	Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25		
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid						
	13	14	15	16	17	18	19	20	21	22					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed		
1. Prior						N O N E									
2. 1996															
3. 1997															
4. 1998															
5. 1999															
6. 2000															
7. 2001															
8. 2002															
9. 2003															
10. 2004															
11. 2005															
12. Totals															

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 1996					
3. 1997					
4. 1998					
5. 1999					
6. 2000					
7. 2001					
8. 2002					
9. 2003					
10. 2004					
11. 2005					
12. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1H - SECTION 2
OTHER LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1996
3.	1997
4.	1998
5.	1999
6.	2000
7.	2001
8.	2002
9.	2003
10.	2004
11.	2005
12.	Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid					
	13	14	15	16	17	18	19	20	21	22				
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed	
1. Prior						N O N E								
2. 1996														
3. 1997														
4. 1998														
5. 1999														
6. 2000														
7. 2001														
8. 2002														
9. 2003														
10. 2004														
11. 2005														
12. Totals														

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 1996
3. 1997
4. 1998
5. 1999
6. 2000
7. 2001
8. 2002
9. 2003
10. 2004
11. 2005
12. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1I

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2004 X X X ..
3.	2005 X X X ..
4.	Totals X X X X X X X X X X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid					
	13	14	15	16	17	18	19	20	21	22				
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	NONE				Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior
2. 2004
3. 2005
4. Totals

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 2004
3. 2005
4. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1J
AUTO PHYSICAL DAMAGE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2004
3.	2005
4.	Totals X X X X X X X X X X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid					
	13	14	15	16	17	18	19	20	21	22				
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	NONE				Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior
2. 2004
3. 2005
4. Totals

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2004
3. 2005
4. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1K
FIDELITY/SURETY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2004 X X X ..
3.	2005 X X X ..
4.	Totals X X X X X X X X X X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Ceded	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior
2. 2004
3. 2005
4. Totals

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2004
3. 2005
4. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1L
OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2004 X X X ..
3.	2005 X X X ..
4.	Totals X X X X X X X X X X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid					
	13	14	15	16	17	18	19	20	21	22				
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	NONE				Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior
2. 2004
3. 2005
4. Totals

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35	36
											Losses Unpaid	Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X ...		
2.	2004
3.	2005
4.	Totals	... X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1M
INTERNATIONAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1996 X X X ...
3.	1997 X X X ...
4.	1998 X X X ...
5.	1999 X X X ...
6.	2000 X X X ...
7.	2001 X X X ...
8.	2002 X X X ...
9.	2003 X X X ...
10.	2004 X X X ...
11.	2005 X X X ...
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1996													
3. 1997													
4. 1998													
5. 1999													
6. 2000													
7. 2001													
8. 2002													
9. 2003													
10. 2004													
11. 2005													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 1996
3. 1997
4. 1998
5. 1999
6. 2000
7. 2001
8. 2002
9. 2003
10. 2004
11. 2005
12. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1N - REINSURANCE
Nonproportional Assumed Property

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
					4	5	6	7	8	9			
		Direct and Assumed	Ceded	Net (Columns 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received		
1.	Prior X X X X X X X X X X X X ...
2.	1996 X X X ...
3.	1997 X X X ...
4.	1998 X X X ...
5.	1999 X X X ...
6.	2000 X X X ...
7.	2001 X X X ...
8.	2002 X X X ...
9.	2003 X X X ...
10.	2004 X X X ...
11.	2005 X X X ...
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25		
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid						
	13	14	15	16	17	18	19	20	21	22					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed		
1. Prior						N O N E							.. X X X ..		
2. 1996															.. X X X ..
3. 1997															.. X X X ..
4. 1998															.. X X X ..
5. 1999															.. X X X ..
6. 2000															.. X X X ..
7. 2001															.. X X X ..
8. 2002															.. X X X ..
9. 2003															.. X X X ..
10. 2004															.. X X X ..
11. 2005													.. X X X ..		
12. Totals													.. X X X ..		

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 1996
3. 1997
4. 1998
5. 1999
6. 2000
7. 2001
8. 2002
9. 2003
10. 2004
11. 2005
12. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 10 - REINSURANCE
Nonproportional Assumed Liability

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
					4	5	6	7	8	9			
		Direct and Assumed	Ceded	Net (Columns 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received		
1.	Prior X X X X X X X X X X X X ...
2.	1996 X X X ...
3.	1997 X X X ...
4.	1998 X X X ...
5.	1999 X X X ...
6.	2000 X X X ...
7.	2001 X X X ...
8.	2002 X X X ...
9.	2003 X X X ...
10.	2004 X X X ...
11.	2005 X X X ...
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25		
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid						
	13	14	15	16	17	18	19	20	21	22					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed		
1. Prior						N O N E							.. X X X ..		
2. 1996															.. X X X ..
3. 1997															.. X X X ..
4. 1998															.. X X X ..
5. 1999															.. X X X ..
6. 2000															.. X X X ..
7. 2001															.. X X X ..
8. 2002															.. X X X ..
9. 2003															.. X X X ..
10. 2004															.. X X X ..
11. 2005															.. X X X ..
12. Totals															

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 1996
3. 1997
4. 1998
5. 1999
6. 2000
7. 2001
8. 2002
9. 2003
10. 2004
11. 2005
12. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1P - REINSURANCE
Nonproportional Assumed Financial Lines

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1996 X X X ...
3.	1997 X X X ...
4.	1998 X X X ...
5.	1999 X X X ...
6.	2000 X X X ...
7.	2001 X X X ...
8.	2002 X X X ...
9.	2003 X X X ...
10.	2004 X X X ...
11.	2005 X X X ...
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25		
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR								
	13	14	15	16	17	18	19	20	21	22				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior						N O N E							.. X X X ..		
2. 1996															.. X X X ..
3. 1997															.. X X X ..
4. 1998															.. X X X ..
5. 1999															.. X X X ..
6. 2000															.. X X X ..
7. 2001															.. X X X ..
8. 2002															.. X X X ..
9. 2003															.. X X X ..
10. 2004															.. X X X ..
11. 2005													.. X X X ..		
12. Totals													.. X X X ..		

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 1996
3. 1997
4. 1998
5. 1999
6. 2000
7. 2001
8. 2002
9. 2003
10. 2004
11. 2005
12. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1R - SECTION 1
PRODUCTS LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1996
3.	1997
4.	1998
5.	1999
6.	2000
7.	2001
8.	2002
9.	2003
10.	2004
11.	2005
12.	Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior						NONE							
2. 1996													
3. 1997													
4. 1998													
5. 1999													
6. 2000													
7. 2001													
8. 2002													
9. 2003													
10. 2004													
11. 2005													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 1996					
3. 1997					
4. 1998					
5. 1999					
6. 2000					
7. 2001					
8. 2002					
9. 2003					
10. 2004					
11. 2005					
12. Totals X X X X X X X X X X X X X X X X X X	X X X		

SCHEDULE P - PART 1R - SECTION 2
PRODUCTS LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1996
3.	1997
4.	1998
5.	1999
6.	2000
7.	2001
8.	2002
9.	2003
10.	2004
11.	2005
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid					
	13	14	15	16	17	18	19	20	21	22				
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed	
1. Prior						N O N E								
2. 1996														
3. 1997														
4. 1998														
5. 1999														
6. 2000														
7. 2001														
8. 2002														
9. 2003														
10. 2004														
11. 2005														
12. Totals														

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	Reserves After Discount	
										35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 1996
3. 1997
4. 1998
5. 1999
6. 2000
7. 2001
8. 2002
9. 2003
10. 2004
11. 2005
12. Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1S
FINANCIAL GUARANTY/MORTGAGE GUARANTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ..
2.	2004 X X X ..
3.	2005 X X X ..
4.	Totals X X X X X X X X X X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid					
	13	14	15	16	17	18	19	20	21	22				
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	C	E	D	Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior
2. 2004
3. 2005
4. Totals

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35	36
											Losses Unpaid	Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X ...		
2.	2004		
3.	2005		
4.	Totals	... X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	One Year	Two Year
1. Prior
2. 1996
3. 1997 X X X
4. 1998 X X X X X X
5. 1999 X X X X X X X X X
6. 2000 X X X X X X X X X X X X ..	N O N E		
7. 2001 X X X X X X X X X X X X
8. 2002 X X X X X X X X X X X X
9. 2003 X X X X X X X X X X X X X X X X X X X X X
10. 2004 X X X X X X X X X X X X X X X X X X X X X X X X X X X ..
11. 2005 X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X ..
12. TOTALS

SCHEDULE P - PART 2A
HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1 1996	2 1997	3 1998	4 1999	5 2000	6 2001	7 2002	8 2003	9 2004	10 2005	11 One Year	12 Two Year
1.	Prior
2.	1996
3.	1997	XXX
4.	1998	XXX ..	XXX
5.	1999	XXX ..	XXX ..	XXX	NONE		
6.	2000	XXX ..	XXX ..	XXX ..	XXX
7.	2001	XXX ..	XXX ..	XXX ..	XXX
8.	2002	XXX ..	XXX ..	XXX ..	XXX
9.	2003	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX
10.	2004	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX	XXX ..
11.	2005	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX	XXX ..	XXX ..
12.	TOTALS

SCHEDULE P - PART 2B
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1.	Prior
2.	1996
3.	1997	XXX
4.	1998	XXX ..	XXX
5.	1999	XXX ..	XXX ..	XXX	NONE		
6.	2000	XXX ..	XXX ..	XXX ..	XXX
7.	2001	XXX ..	XXX ..	XXX ..	XXX
8.	2002	XXX ..	XXX ..	XXX ..	XXX
9.	2003	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX
10.	2004	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX	XXX ..
11.	2005	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX	XXX ..	XXX ..
12.	TOTALS

SCHEDULE P - PART 2C
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1.	Prior
2.	1996
3.	1997	XXX
4.	1998	XXX ..	XXX
5.	1999	XXX ..	XXX ..	XXX	NONE		
6.	2000	XXX ..	XXX ..	XXX ..	XXX
7.	2001	XXX ..	XXX ..	XXX ..	XXX
8.	2002	XXX ..	XXX ..	XXX ..	XXX
9.	2003	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX
10.	2004	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX	XXX ..
11.	2005	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX	XXX ..	XXX ..
12.	TOTALS

SCHEDULE P - PART 2D
WORKERS' COMPENSATION

1.	Prior
2.	1996
3.	1997	XXX
4.	1998	XXX ..	XXX
5.	1999	XXX ..	XXX ..	XXX	NONE		
6.	2000	XXX ..	XXX ..	XXX ..	XXX
7.	2001	XXX ..	XXX ..	XXX ..	XXX
8.	2002	XXX ..	XXX ..	XXX ..	XXX
9.	2003	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX
10.	2004	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX	XXX ..
11.	2005	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX	XXX ..	XXX ..
12.	TOTALS

SCHEDULE P - PART 2E
COMMERCIAL MULTIPLE PERIL

1.	Prior
2.	1996
3.	1997	XXX
4.	1998	XXX ..	XXX
5.	1999	XXX ..	XXX ..	XXX	NONE		
6.	2000	XXX ..	XXX ..	XXX ..	XXX
7.	2001	XXX ..	XXX ..	XXX ..	XXX
8.	2002	XXX ..	XXX ..	XXX ..	XXX
9.	2003	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX
10.	2004	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX	XXX ..
11.	2005	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX ..	XXX	XXX ..	XXX ..
12.	TOTALS

SCHEDULE P - PART 2F - SECTION 1
MEDICAL MALPRACTICE - OCCURRENCE

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1 1996	2 1997	3 1998	4 1999	5 2000	6 2001	7 2002	8 2003	9 2004	10 2005	11 One Year	12 Two Year
1.	Prior												
2.	1996												
3.	1997	X X X ..											
4.	1998	X X X ..	X X X ..										
5.	1999	X X X ..	X X X ..	X X X ..									
6.	2000	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2001	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2002	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2003	X X X ..	X X X ..	X X X ..	X X X ..								
10.	2004	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2005	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2F - SECTION 2
MEDICAL MALPRACTICE - CLAIMS MADE

1.	Prior												
2.	1996												
3.	1997	X X X ..											
4.	1998	X X X ..	X X X ..										
5.	1999	X X X ..	X X X ..	X X X ..									
6.	2000	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2001	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2002	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2003	X X X ..	X X X ..	X X X ..	X X X ..								
10.	2004	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2005	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2G
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1.	Prior												
2.	1996												
3.	1997	X X X ..											
4.	1998	X X X ..	X X X ..										
5.	1999	X X X ..	X X X ..	X X X ..									
6.	2000	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2001	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2002	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2003	X X X ..	X X X ..	X X X ..	X X X ..								
10.	2004	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2005	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2H - SECTION 1
OTHER LIABILITY - OCCURRENCE

1.	Prior												
2.	1996												
3.	1997	X X X ..											
4.	1998	X X X ..	X X X ..										
5.	1999	X X X ..	X X X ..	X X X ..									
6.	2000	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2001	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2002	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2003	X X X ..	X X X ..	X X X ..	X X X ..								
10.	2004	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2005	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2H - SECTION 2
OTHER LIABILITY - CLAIMS MADE

1.	Prior												
2.	1996												
3.	1997	X X X ..											
4.	1998	X X X ..	X X X ..										
5.	1999	X X X ..	X X X ..	X X X ..									
6.	2000	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2001	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2002	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2003	X X X ..	X X X ..	X X X ..	X X X ..								
10.	2004	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2005	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2I

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									DEVELOPMENT		
		1 1996	2 1997	3 1998	4 1999	5 2000	6 2001	7 2002	8 2003	9 2004	10 2005	11 One Year	12 Two Year
1.	Prior X X X X X X X X X X X X ..	N O N E			... X X X
2.	2004 X X X X X X X X X X X X X X X X X X ..
3.	2005 X X X X X X X X X X X X X X X X X X X X X X X X ..
4.	TOTALS

SCHEDULE P - PART 2J

AUTO PHYSICAL DAMAGE

1.	Prior	XXX	XXX	XXX	XXX	N O N E	XXX				
2.	2004	XXX	XXX	XXX	XXX		XXX				XXX
3.	2005	XXX	XXX	XXX	XXX		XXX	XXX		XXX	XXX
4.	TOTALS										

SCHEDULE P - PART 2K

FIDELITY/SURETY

1.	Prior	XXX	XXX	XXX	XXX	N O N E	XXX				
2.	2004	XXX	XXX	XXX	XXX		XXX				XXX
3.	2005	XXX	XXX	XXX	XXX		XXX	XXX		XXX	XXX
4.	TOTALS										

SCHEDULE P - PART 2L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1.	Prior	XXX	XXX	XXX	XXX	N O N E	XXX
2.	2004	XXX	XXX	XXX	XXX		XXX	XXX
3.	2005	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX
4.	TOTALS

SCHEDULE P - PART 2M

INTERNATIONAL

1.	Prior												
2.	1996												
3.	1997	X X X											
4.	1998	X X X	X X X										
5.	1999	X X X	X X X	X X X		N O N E							
6.	2000	X X X	X X X	X X X	X X X								
7.	2001	X X X	X X X	X X X	X X X								
8.	2002	X X X	X X X	X X X	X X X								
9.	2003	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10.	2004	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11.	2005	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12.	TOTALS												

SCHEDULE P - PART 2N - REINSURANCE
Nonproportional Assumed Property

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1	2	3	4	5	6	7	8	9	10	11	12
		1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	One Year	Two Year
1.	Prior												
2.	1996												
3.	1997	X X X ..											
4.	1998	X X X ..	X X X ..										
5.	1999	X X X ..	X X X ..	X X X ..									
6.	2000	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2001	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2002	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2003	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2004	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2005	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2O - REINSURANCE
Nonproportional Assumed Liability

1.	Prior												
2.	1996												
3.	1997	X X X ..											
4.	1998	X X X ..	X X X ..										
5.	1999	X X X ..	X X X ..	X X X ..									
6.	2000	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2001	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2002	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2003	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2004	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2005	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2P - REINSURANCE
Nonproportional Assumed Financial Lines

1.	Prior												
2.	1996												
3.	1997	X X X ..											
4.	1998	X X X ..	X X X ..										
5.	1999	X X X ..	X X X ..	X X X ..									
6.	2000	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2001	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2002	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2003	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2004	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2005	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2R - SECTION 1
PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1	2	3	4	5	6	7	8	9	10	11	12
		1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	One Year	Two Year
1.	Prior												
2.	1996												
3.	1997	X X X ..											
4.	1998	X X X ..	X X X ..										
5.	1999	X X X ..	X X X ..	X X X ..									
6.	2000	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2001	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2002	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2003	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2004	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2005	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2R - SECTION 2
PRODUCTS LIABILITY - CLAIMS MADE

1.	Prior												
2.	1996												
3.	1997	X X X ..											
4.	1998	X X X ..	X X X ..										
5.	1999	X X X ..	X X X ..	X X X ..									
6.	2000	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2001	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2002	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2003	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2004	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2005	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2S
FINANCIAL GUARANTY/MORTGAGE GUARANTY

1.	Prior	X X X ..	X X X ..	X X X ..	X X X ..		N O N E			X X X ..					X X X ..
2.	2004	X X X ..	X X X ..	X X X ..	X X X ..					X X X ..					X X X ..
3.	2005	X X X ..	X X X ..	X X X ..	X X X ..					X X X ..	X X X ..		X X X ..		X X X ..
4.	TOTALS														

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